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COVER LETTER

	Registration Sec Division of Corp		•			
SUBJEC		LOBAL LLC				
SUBJEC		Name of Limi	ted Liability Company			
The enclo	osed Articles of z	Amendment and fee(s) are subn	nitted for filing.			
Please rei	turn all correspor	ndence concerning this matter t	to the following:			
		Spyros Vlamis				
			Name of Person			
		AR Accounting & Tax Serv	vices			
			Firm/Company			
5497 Wiles Road Suite 202						
Address						
		Coconut Creek FL 33073				
City/State and Zip Code						
		spyros@taxesar.com				
		E-mail address: (t	o be used for future annual report notific	cation)		
For furth	er information co	oncerning this matter, please ca	ill:			
Spyros V			954 757-7100 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVPAL GLOBAL LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 1/24/18 and assigne	d
Florida document number L18000021769		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Optima Construction & Maintenance LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	S)	
	2010	
	033 3 107 EEB	11
Enter new mailing address, if applicable:		!
(Mailing address MAY BE A POST OFFICE BOX)		17
many march part DENTOST OF FICE BON	3	7
	<u> </u>	
B. If amending the registered agent and/or registere	d office address on our records, enter the name of t	he ne
registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jose Rivas Perez	19518 N Coquina Way	□ Add
		Weston FL 33332	Remove
			Change
AMBR	Arturo Jose Barroeta Prieto	16471 Blatt Blvd Apt 106	Add
		Weston FL 33326	D D
			Change
			Add
			□ Remove
		 	Change
			□ Add
			Remove
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			☐ Change
			Change

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fan ei <u>Vote:</u>	tive date, if other than the date of filing:
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
ated	February 8th, 2019.
	At n
	Signature of a member or authorized representative of a member / sidoro Rivas